

Money Follows the (Whole) Person: Innovation in the Texas Behavioral Health Pilot

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The Big Picture

- Texans with severe mental illness live 29 years less than other Americans and have more health problems earlier in life.¹
- ➤ Since 2001, over 46,000 Texans have returned home under the State's Money Follows the Person (MFP) program and federal demonstration grant.
- Nationally, the # of NF residents under age 65 with a primary diagnosis of MI is nearly three times that of older residents ²

^{1.} Lutterman T, Ganju V, Schacht L, Shaw R, Monihan K, et.al. Sixteen State Study on Mental Health Performance Measures. DHHS Publication No. (SMA) 03-3835. Rockville, MD: Center for Mental Health Services, Substance Abuse & Mental Health Services Administration, 2003 2. Bagchi, A.D., Simon, S.E. & Verdier, J.M. (2009). How many nursing home residents live with a mental illness? Psychiatric Services, 60(7), 958-964.

Money Follows the Person

- A Medicaid demonstration that enables individuals leaving institutions, such as nursing facilities, to access Medicaid funding for services and supports
- Texas pioneered the idea of MFP a with a state-funded initiative, which preceded the federal demonstration
- ▶ 44 states, including Texas participate in the federally-funded MFP demonstration
- ► The Demonstration (MFPD) allows additional flexibility to test new ways to provide services and supports

MFP in Texas

- 1999 Supreme Court Olmstead decision. Governor's order.
- 2001 State legislation. Texas MFP begins
- 2005 Congress authorizes national MFPD
- 2008 State awarded federal grant. TX MFP Demonstration begins, including the Behavioral Health Pilot (BHP)
- 2010 BH Pilot expands from the San Antonio area to Austin and additional counties
- 2015 Texas develops plans to sustain Pilot interventions

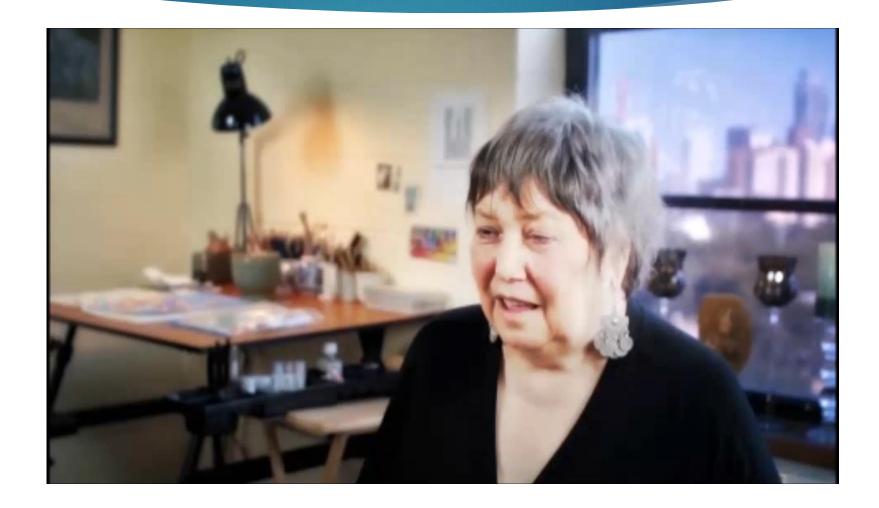
Behavioral Health Pilot Goals

- Transition adults with mental illness and/or substance abuse disorders from nursing facilities to the community
- Successfully support individuals in the community by integrating behavioral health and substance use services with long term services and supports
- Create positive changes to the Medicaid system that address particular barriers faced by people with mental health and substance use conditions in relocating from nursing facilities
- The Pilot involves partnership between state agencies, state universities, local mental health authorities and others.

Relocation Issues: People with MHSA Conditions

- Cognitive challenges
- Societal prejudice
- Housing barriers (e.g., past forensic involvement)
- Lack of social and familial support
- Poverty
- Lack of transportation
- Multiple chronic health conditions (e.g., lung disease, diabetes, heart disease, cirrhosis, etc.)
- Substance abuse and addiction issues

Video: The Institutional Experience



Recovery Foundation

Belief in Recovery

- "You are capable."
- "I believe in you."

Individual is the expert

- They know their mind, body, and spirit best
- They know what is important to them

Collaborative Relationship

- "We're in this together"
- "What do you think about . . ."

Emphasis on personal choice

- Person's right to make their own decisions
- Goal is to support them in evaluating those decisions

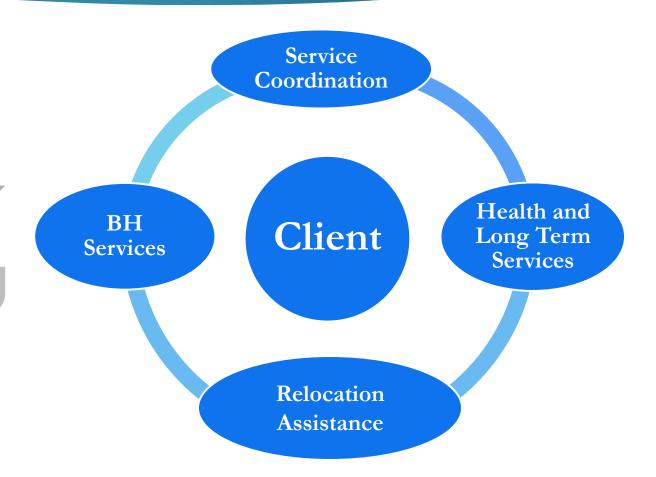
MFP Services with BH Pilot

Housing Location Assistance

Cognitive Adaptation Training

Substance Use Counseling

Employment Assistance



Pilot BH Services: Duration

Pre-Transition Services - up to 6 months

Work with person before discharge



Work with person in home and community





BHP Participant Characteristics

- Common Mental Health Issues
 - ▶ Depression (47%)
 - ▶ Bipolar disorder (17%)
 - Schizophrenia (10%)
- ▶ Many participants have 2+ mental health/SUD diagnoses.
- Substance abuse disorders (opioids, alcohol, tobacco, other drugs). **One-third** received services for a substance use disorder, although it was identified as a diagnosis for only 2%
- All participants have lived in a nursing home at least three months and meet a nursing facility level of care.

Participant Characteristics

- From 27-89 -- average age 50-60
- Complex needs (mental, physical, social)
- ► High level of medical vulnerability
- Sense of self and problem-solving skills compromised by institutionalization

Cognitive Adaptation Training (CAT)

- Evidence-based psychosocial intervention
- Uses a motivational strengths perspective to facilitate a person's initiative and independence
- Provides environmental modifications to help people bypass challenges and organize their lives/homes to enable them to function independently

Cognitive Issues

- Individuals with severe mental illness may
 - ► Have difficulty getting started on an activity (seem apathetic), or
 - ► Become easily distracted, and thus have trouble focusing (disinhibited), or
 - ► Have a combination of these challenges

Distractions





Compensating, Not "Curing"

Executive Function

Attention Memory

Psychomotor Speed

CAT

Compensatory
Strategies,
Environmental
Supports

Performance of ADLs

Social Function

Occupational Function

CAT Intervention Categories

- Hygiene
- Medication Management
- Orientation
- Money Management
- Transportation
- ▶ Eating/Nutrition
- Cooking

- Toileting
- Dressing
- Housekeeping
- Social Skills
- ► Stress Management
- Vocational Skills

Basic Interventions













Choices

A.



C.



B.



D.

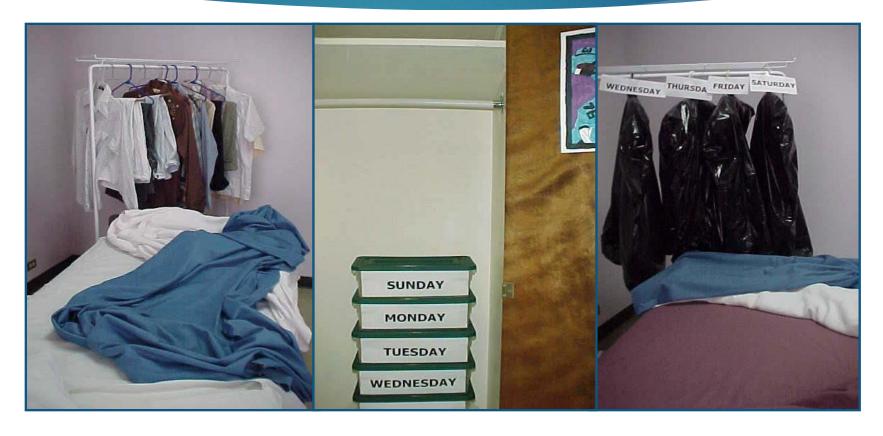
BIG LETTERS BIG NUMBERS

2014 Calendar

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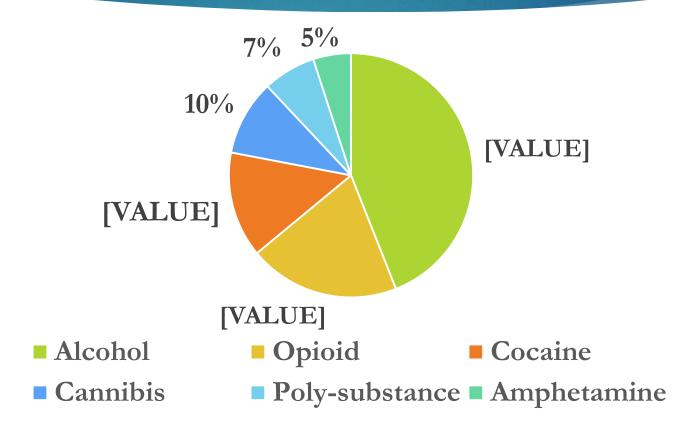
Easy for EVERYONE to read!



Apathy Disinhibition Mixed

Video - Recovery (Chris)

Substance Use Issues



*84% use tobacco / 45% have 2+ active SUDs

SUD Services



- Assessment and person-centered planning
- Individual or group substance abuse counseling
- ► Tobacco Cessation Counseling
- Motivational Interviewing
- Linkage and transportation to other community services (support groups, activities, etc.)
- Peer Specialists
- ▶ 24-hour On-Call Support
- Harm Reduction
- Team approach

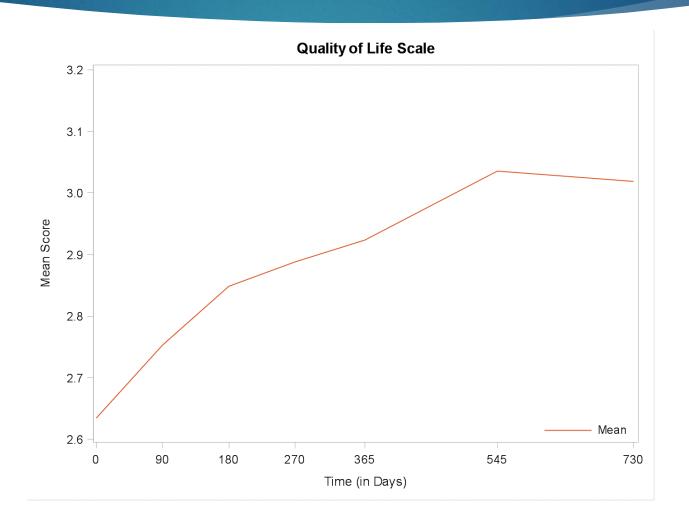
BHP Outcomes

- To date, more than 425 individuals have transitioned to the community from nursing facilities
- ▶ 70% of individuals in the pilot have successfully completed a year in the community. Over 65% have remained the community, for up to 7 years, thus far.
- Project findings have been recognized and published in national peer-reviewed and policy journals
- Examples of increased independence include getting a paid job at competitive wages, driving to work, volunteering, getting a GED, teaching art classes, leading substance use peer support groups and working toward a college degree

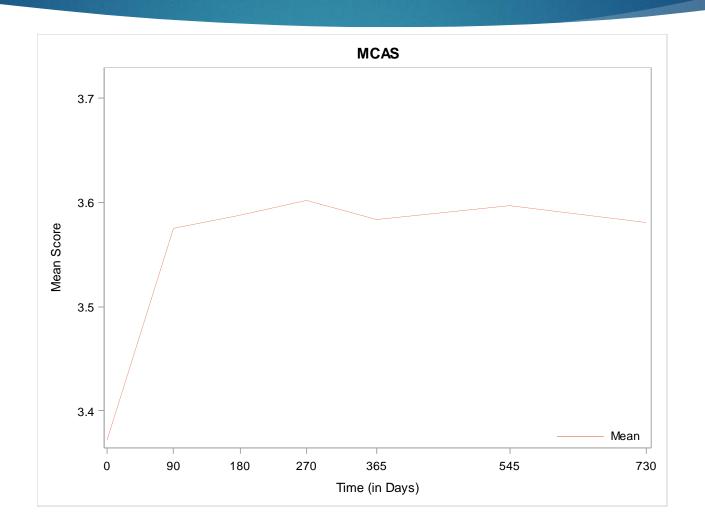
Qualitative Measures

- ▶ Quality of Life Scale (QLS) evaluates symptoms and functioning in areas such as interpersonal relations and routine daily activities
- Multnomah Community Ability Scale (MCAS) measures the functioning people with chronic mental illness who live in the community.
- The Social and Occupational Functioning Assessment Scale (SOFAS) measures an individual's level of social and occupational functioning resulting from mental and physical health issues.

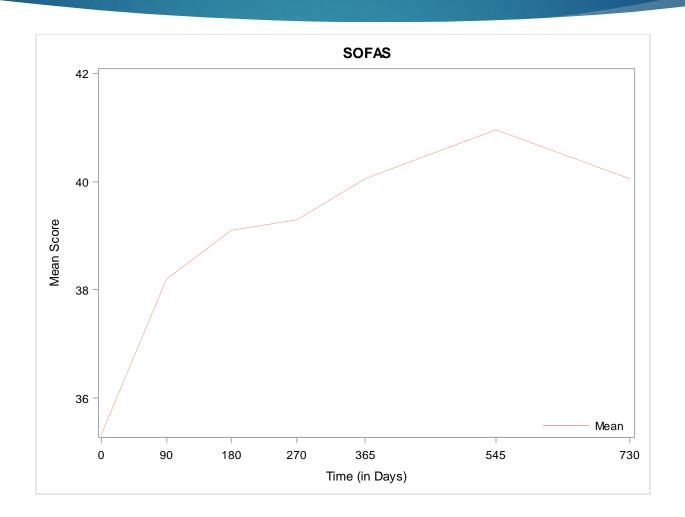
Quality of Life Scale Outcomes



Functional Outcomes: MCAS



Functional Outcomes: SOFAS



Potential Cost / Benefit

- Cost of living in the community under the BHP was 71% of the cost of living in a nursing facility
- It takes only 1.4 months of community residence to recover initial program costs.
- MFP systems are a good investment from both a human and economic perspective

Moving Forward

- Mental health and substance abuse services for people with severe illness and nursing facilities transitioned to managed care.
- ➤ 2016-2020: Establish and sustain successful BHP practices in the statewide integrated managed care system
 - Initiating a Center of Excellence at a state university to offer training and technical assistance to MCOs and their networks
 - Developing a learning community to share best practices

Video: A New Beginning













Questions & Contact Info

DSHS MFP: https://www.dshs.state.tx.us/mhsa/MFP/

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